

012204

16367 U.S. PTO

PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

12518 10/763073

012204

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	
	First Named Inventor	Russell D. Slifer
	Original Patent Number	6,342,010
	Original Patent Issue Date (Month/Day/Year)	01/29/2002
	Express Mail Label No.	ET658403217US

APPLICATION FOR REISSUE OF:
(Check applicable box) Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format
(amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 CFR 3.73(b) Statement
(PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - Computer Readable Form (CFR)
 - Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
- Original Patent Grant
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

17. Other: _____

18. CORRESPONDENCE ADDRESS

Customer Number: _____ OR Correspondence address below

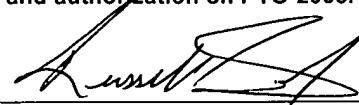
Name	Russell D. Slifer				
Address	2478 Warm Springs				
City	Boise	State	ID	Zip Code	83712
Country	U.S.	Telephone	208-344-1129	Fax	

Name (Print/Type)	Russell D. Slifer	Registration No. (Attorney/Agent)	39,838
Signature			Date 1/22/04

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed – Part 1								
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 20	(B) 26	**** 6 =	x \$ 9 =	54.00	or	x \$ _____ =	
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 9	* 5 =	x \$ 43 =	215.00		x \$ _____ =	
				Basic Fee (37 CFR 1.16(h))	\$ 385.00			
				Total Filing Fee	\$ 654.00		OR	\$ _____
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	X \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
				Total Additional Fee	\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 654.00 to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
1/22/04				 Signature of Applicant, Attorney or Agent of Record				
Date				Russell D. Slifer				
39,838				Typed or printed name				
Registration Number, if applicable								

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